

00862.022341



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MICHIHIRO IZUMI

Application No.: 09/925,639

Filed: August 10, 2001

For: COMMUNICATION APPARATUS
CAPABLE OF COMMUNICATING
VIA DIFFERENT TYPES OF
COMMUNICATION LINES AND
CONTROL METHOD THEREOF

)
:
Examiner: K. Afshar

)
:
Art Unit: 2681

RECEIVED

JUL 16 2004

)
:
July 9, 2004

Technology Center 2600

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 9, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

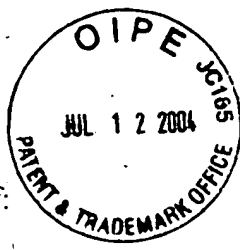
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 9, 2004
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)

Leonard P. Diana
(Signature)

July 9, 2004
(Date of Signature)



2681

In re Application of:

Docket No. 00862.022341

MICHIIHIRO IZUMI

Application No.: 09/925,639

Examiner: K. Afshar

Filed: August 10, 2001

Group Art Unit: 2681

For: COMMUNICATION APPARATUS CAPABLE OF
COMMUNICATING VIA DIFFERENT TYPES OF
COMMUNICATION LINES AND CONTROL
METHOD THEREOF

Date: July 9, 2004

Mail Stop: Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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JUL 16 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.


The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 8	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Leonard P. Diana
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200



Commissioner for Patents
Washington, D.C. 20231

Date 10 / 19 / 01
Mo. Day Yr.

Atty. Docket SP202341

Application No 09/925639

Sir:

Kindly acknowledge receipt of the accompanying:

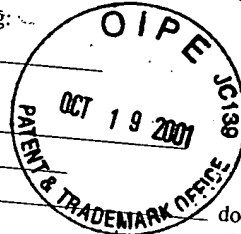
- ☐ Response to Official Action. _____ (claims fee)
- ☐ Check for \$ _____
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☒ Submission of Priority Document _____ priority application
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and returning to deliverer.

Atty. [Signature]

Due Date N / 10 / 01
Mo. Day Yr.

[Signature]



FOHS-D-00